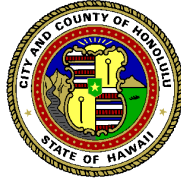


**ETHICS COMMISSION  
CITY AND COUNTY OF HONOLULU**

925 DILLINGHAM BOULEVARD, SUITE 190 • HONOLULU, HAWAII 96817  
PHONE: (808) 768-7787 • FAX: (808) 768-7768 • EMAIL: [ethics@honolulu.gov](mailto:ethics@honolulu.gov) • INTERNET: [www.honolulu.gov/ethics](http://www.honolulu.gov/ethics)

KIRK CALDWELL  
MAYOR



JAN K. YAMANE  
EXECUTIVE DIRECTOR  
AND LEGAL COUNSEL

**Submit an Ethics Concern**

The Ethics Commission enforces the Revised Charter of Honolulu, Article XI, *Standards of Conduct* over City officers and employees. If you know of activities that raise ethics concerns, submit this form. Please provide your name, email address, and phone number(s) so we can contact you. File a separate form for each subject of concern. Submit this form to [ethics@honolulu.gov](mailto:ethics@honolulu.gov) with CONFIDENTIAL in the subject line or to 925 Dillingham Blvd., Ste. 190, Honolulu, HI 96817 in an envelope marked CONFIDENTIAL. Additional information can be found on our website: [www.honolulu.gov/ethics](http://www.honolulu.gov/ethics).

**Your Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City Email Address: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If City Employee:**

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**Subject Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**If City Employee**

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**If City Board or Commission Member**

Board/Commission \_\_\_\_\_ Department: \_\_\_\_\_

1. I allege that on (date) \_\_\_\_\_ at (place) \_\_\_\_\_  
the following happened:

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. I believe what is described above violates the City's standards of conduct because:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Used city resources for political activity  | <input type="checkbox"/> Gave preferential treatment                                 | <input type="checkbox"/> Disclosed confidential information                               |
| <input type="checkbox"/> Received outside compensation for City work | <input type="checkbox"/> City personnel received prohibited gift                     | <input type="checkbox"/> Financial conflict of interest                                   |
| <input type="checkbox"/> Represented private interest against City   | <input type="checkbox"/> Employee contracted with City on behalf of private interest | <input type="checkbox"/> Personal relationship conflict                                   |
| <input type="checkbox"/> Failed to file financial disclosure form    | <input type="checkbox"/> Appeared before City agency on behalf of private interest   | <input type="checkbox"/> Failure to disclose conflict/file written disclosure of conflict |

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. I believe corrective action should be taken by (name/position) \_\_\_\_\_

\_\_\_\_\_ to resolve my concerns in this matter because:

Describe: \_\_\_\_\_

\_\_\_\_\_

4. I believe the following persons have information on this matter:

<u>OK to contact as a Witness?</u>	<u>Name</u>	<u>Position/City Dept.</u>	<u>Contact Info. (ph#, email)</u>	<u>Information likely to provide</u>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
--	-------

<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
--	-------

<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
--	-------

5. I can provide the following to support my allegations:

☐ Documents (attach)

☐ Photographs (attach)

☐ Other (describe) \_\_\_\_\_

6. I wish to remain anonymous to the subject of the concern because (explain why):

7. I have conveyed my concerns on this matter to (supervisors, other city or state agencies, union representatives, co-workers, etc.):

Name

Title

Day Phone

Night Phone

Email Address

8. Do you have legal representation for your ethics issue? If yes, provide:

Attorney Name

Law Firm

Day Phone

Email Address

9. All the statements and information in this form are true and factual to the best of my knowledge. I understand that the Ethics Commission has limited jurisdiction over specific violations of the Revised Charter of Honolulu Article XI and Revised Ordinances of Honolulu, Chapter 3, Articles 6, 8, and 13. The Ethics Commission cannot address general complaints of unethical behavior.

Signature \_\_\_\_\_

\_\_\_\_\_  
(Date)

If you are a city employee and believe you have been discharged, threatened, or otherwise discriminated against because you filed a good faith complaint or participated as a witness in an investigation, report such conduct to your immediate supervisor, a higher level supervisor, department head, the department's designated personnel officer, the City's Equal Opportunity Officer, or the Director of Human Resources, and consult with a private attorney. (Department of Human Resources Circular No. 2-17; *Whistleblowers' Protection Act*, Ch. 378, Part V, Hawaii Revised Statutes)

FOR ETHICS COMMISSION USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_